WAC 388-845-0425  Are there limits to the assistive technology you may receive? The assistive technology you may receive has the following limits:

1. Assistive technology is limited to additional services not otherwise covered under the medicaid state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

2. Clinical and support needs for assistive technology must be identified in your DDA assessment and documented in the person-centered service plan.

3. DDA requires your treating professional's written recommendation regarding your need for the technology. This recommendation must take into account that:
   (a) The treating professional has personal knowledge of and experience with the requested assistive technology; and
   (b) The treating professional has recently examined you, reviewed your medical records, and conducted a functional evaluation of your use of the equipment and determined its effectiveness in meeting your identified need.

4. Assistive technology requires prior approval by the DDA regional administrator or designee.

5. DDA may require a written second opinion from a DDA-selected professional.

6. The dollar amounts for your individual and family services (IFS) waiver annual allocation limit the amount of assistive technology you are authorized to receive.

7. Assistive technology excludes any item that is for recreational or diversion purposes such as a television, cable, or DVD player.